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TO: U. S. Patent and Trademark Office
Art Unit: 1724

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DATE: April 2, 2007

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COMMENTS: Re: U.S. Patent Application No. 10/598,135
Filing Date: August 18, 2006
Applicant(s): Klaus Biester

The following documents are attached for filing:

Power of Attorney and Correspondence Address Indication Form (1 p.)

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/598,135																									
	Filing Date	August 18, 2006																									
	First Named Inventor	Klaus Biester																									
	Title	Separation Device																									
	Art Unit	1724																									
	Examiner Name																										
	Attorney Docket No.	1600-14600 DAR																									
<p>I hereby appoint:</p> <p><input checked="" type="checkbox"/> Practitioners at Customer Number → 45933 OR <input type="checkbox"/> Practitioner(s) named below:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <p>as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p> <p>Please recognize or change the corresponding address for the above-identified application to:</p> <p><input checked="" type="checkbox"/> The above-mentioned Customer Number. OR <input type="checkbox"/> The address associated with Customer Number OR</p> <p><input type="checkbox"/> Firm or <input type="checkbox"/> Individual Name</p> <p>Address</p> <p>City State Zip</p> <p>Country</p> <p>Telephone Fax</p> <p>I am the: <input type="checkbox"/> Applicant/inventor. Under 37 CFR 3.73(b) Assignee certifies that it is: <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Assignment Recorded 08/18/2005 at Reel/Frame 018135/0941.</i></p> <p align="center">SIGNATURE of Applicant or Assignee of Record</p> <table border="1"> <tr> <td>Signature</td> <td><i>Ann B. Procell</i></td> <td>Date:</td> <td colspan="2">30 August 2006</td> </tr> <tr> <td>Name</td> <td>Ann B. Procell</td> <td>Telephone:</td> <td colspan="2">(713) 939-2132</td> </tr> <tr> <td>Title and Company</td> <td colspan="4">Patent Administrator, Cameron International Corporation</td> </tr> </table> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>					Name	Registration Number							Signature	<i>Ann B. Procell</i>	Date:	30 August 2006		Name	Ann B. Procell	Telephone:	(713) 939-2132		Title and Company	Patent Administrator, Cameron International Corporation			
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